

Environmental Lead Sampling Request

Michigan Department of Community Health – Trace Metals/Lead Laboratory

3350 N. Martin Luther King Jr. Blvd. P.O. Box 30035 Lansing Michigan 48909

Phone: 517-335-8244 (Laboratory Records & Technical Information) Fax: 517-335-9776 [HTTP://www.mdch.state.mi.us/pha/bofl](http://www.mdch.state.mi.us/pha/bofl)

Instructions: Type or print using black ink. Send top copy with sample. Keep bottom copy for your records. Only one sample type per request.

Indicate Sample Type Submitted Here: • **Dust Wipes** • **Paint Chips** • **Soil**

Submitter Clinic Code										Date Received at MDCH										Lab Initials:	
Agency/Company Name										Inspectors Name										License Number	
Phone											Fax										
AGENCY STREET ADDRESS																					
CITY/STATE/ZIP																					
Date of Collection	M	M	D	D	Y	Y	Y	Y	• Initial Test • Retest • Clearance												
SITE INFORMATION - STREET ADDRESS																APT #					
CITY/STATE/ZIP																					
COUNTY				PROPERTY OWNER																	
OCCUPANT/PATIENT INFORMATION – NAME (Last, First, Middle Initial)																					
DATE OF BIRTH	M	M	D	D	Y	Y	Y	Y	PATIENT S.S. NUMBER												
PARENT/GUARDIAN NAME (Last, First, Middle Initial)																					
PHONE										PARENT/GUARDIAN S.S. NUMBER											
STREET ADDRESS																					
CITY/STATE/ZIP														COUNTY							
PAYMENT TYPE		• Payment Enclosed • Bill to Provider • Exempt (Must be pre-authorized) • Headstart • Grants or Other Funded Programs																			
SAMPLE INFORMATION BELOW (To Be Completed By Inspector)																MDCH Use Only					
ID #	Surface (Dust Wipes & Paint Chips) Or Area Description (Soil)				Room (Dust wipes & Paint Chips ONLY)		Area (Dust Wipes Only) Inches X Inches		Square Inches (Dust Wipes Only)		Square Feet (Dust Only) Sample Weight/Volume (Soil & Paint Chips)				Sample Number						
COPY TO:												Copy Clinic Code:									
STREET ADDRESS:																					
CITY/STATE/ZIP																					